



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6715

SERIAL NUMBER 09/780,320	FILING DATE 02/12/2001  RULE	CLASS 450	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. P-3906-1
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## APPLICANTS

Donald C. Johnson, Wellington, FL;

Jeffrey Spilfogel, Wellington, FL;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 03/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS  
MYRON AMER, P.C.  
Suite 310  
114 Old Country Road  
Mineola, NY  
11501

## TITLE

Seamless brassiere shoulder strap

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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<b>APPLICANTS</b> Donald C. Johnson, Wellington, FL; Jeffrey Spilfogel, Wellington, FL;				
<b>** CONTINUING DATA *****</b> <i>kh</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>kh</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 03/16/2001</b> <i>kh</i> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>kh</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 1
Verified and Acknowledged Examiner's Signature <i>kh</i> Initials		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> MYRON AMER, P.C. Suite 310 114 Old Country Road Mineola, NY 11501				
<b>TITLE</b> Seamless brassiere shoulder strap				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	